

FILED OCT 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH34520
State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 330

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Francois</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FARMINGTON 0541</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |

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|---|-------------------------------|--|--------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>VIRGINIA</u> b. (Middle) <u>ANN</u> c. (Last) <u>SUMPTER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 9 1950</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT 0</u> | 8. DATE OF BIRTH <u>Mar. 26 1950</u> |
| 9. AGE (In years last birthday) <u>6.13</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>KIRBY SUMPTER</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY ANNA LYNCH</u> | | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>NO</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Mary Ann Sumpter, Farmington, Mo.</u> ADDRESS <u>0541</u> | |

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|---|--|--|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacillary Dysentery</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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|--|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from 9/30, 1950, to 10/9, 1950, that I last saw the deceased alive on 10/5, 1950, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|--|--|
| 23a. SIGNATURE (Signature or title) <u>L. M. Stanfield</u> | | 23b. ADDRESS <u>Farmington Mo</u> | | 23c. DATE SIGNED <u>10/10/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10/10/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Whitman Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Marion Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. C. Hamaker</u> | | 25. ADDRESS <u>Marion Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>Oct. 10, 1950</u> | | REGISTRAR'S SIGNATURE <u>E. C. Hamaker</u> | | 25. ADDRESS <u>Marion Mo</u> | |

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 16 1950

RECEIVED

STATEMENT ~~BY LICENSED EMBALMER~~

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed by me, or by~~ *NOT EMBALMED*

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Fuller
P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.